N			<b>─</b> ```						~i				
	PATEN	T APPLICAT	TION : EE	DETERM	MINA 000	MON REC	ÖR	D			Docket N 7 4 4 (		
CLAIMS AS FILED - PART I													
<b>-</b> -	TOTAL CLAIM		•	mn 1)		(Column 2)			ENTITY	Q	OTHI R SMAL	ER THAN LENTITY	
L		15				~00 min		RAT	E FE		RATE		
L	CR			NUMBER FILED		NUMBER EXTRA		BASICI	EE		BASIC FI	<del></del>	
Ľ	OTAL CHARG	EABLE CLAIMS	49	49 minus 20=		-29		XS 9		0	XS18=	42	
_	DEPENDENT			44 minus 3 =		-41		X40=		7	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	12	
M	ULTIPLE DEPI	ENDENT CLAIM	PRESENT						-	<b> °</b>	X80=	328	
• [	If the difference	e in column 1	s lass than	zem enter	**** in	+135				OF	+270=		
				less than zero, enter "0" in col MENDED - PART II				TOTAL	-	_]oF	TOTAL	4512	
	·	(Column 1)	WMENDE	U - PAH (Colum		(Column 3)		SMAL	L ENTITY			RTHAN	
⋖	].	CLAIMS REMAINING	339	HIGHE	ST			J.IIAC.	ADDI-		SMALL	ENTITY ADDI-	
<b>AMENDMENT</b>		AFTER AMENDMENT		00000	USLY	PRESENT EXTRA		RATE	TIONAL FEE	4	RATE	TIONAL FEE	
	Total	. 16	Minus	49		<b>-</b> Ø		X\$ 9=		OR	X\$18=	TEE_	
Ę	Independent	ENTATION OF M	Minus	1 44		0		X40=	1	OR	X80≈		
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							L	TOTAL		OR	TOTAL		
	1-280	(Column 1)		(Colum	n 2)	(Column 3)	A	DDIT. FEE		JOR .	ADDIT. FEE		
0		CLAIMS REMAINING	25-17:50		ST	PRESENT	Γ		ADDI-	7 1	<del></del> -	ADDI-	
		AFTER AMENDMENT		PREVIOU PAID FO	SLY	EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
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_	LINOI PHESE	NTATION OF M	JETIPLE DE	PENDENT C	LAIM		H		<del> </del>	OR	7002		
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		<b>10</b> -1 41		.'		· · · ·	, Al	DOIT. FEE	L	OR ,	TOTAL DOIT, FEE		
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	Organia.	REMAINING AFTER AMENDMENT	71.54 36.1 <b>6</b> 07	NUMBE PREVIOU: PAID FO	R	PRESENT EXTRA	- 1 -	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
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	ndependent	•	Minus	•••		- ;	H			OR			
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	X40=		OR	X80=		
lf c	#135= If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  TOIL the "Highest Number Previously Paid For IN THIS SPACE to less than 20, enter "20."  APPLY SE									OR	+270=		
'n.	he Highest Num	has Province De	d For IN THE	SPACE Is les	es than :	50' euser .50'.	ADI	, TOTAL DIT. FEE		OR A	TOTAL		
(N	o riighesi Numb	er Previously Paid	For (Total or	Independent)	to the N	ighest number (	lound	pu qué sob	roprisie box	in colu	mn 1.		